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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

(IFSP).

- (e) Payment for special instruction, developmental therapy, requires a signature by a licensed practitioner of the healing arts documenting the existence of a multidisciplinary team, and stating that he or she has periodically reviewed the child's progress and has recommended appropriate techniques, activities, and strategies during discussions with the child's early intervention teacher. Documentation of this requirement in a format and manner to be described by the department shall be signed and dated quarterly;
- (f) Payment will not be made directly to health professionals or organizations under contract to DMR and/or a state agency.
- (g) Services of an unproven, educational, social, experimental, cosmetic or research nature are not covered.
- (h) Immunizations, biological products and other products or examinations and laboratory tests for preventable diseases available free of charge are not covered.
- (i) Speech services involving nondiagnostic, nontherapeutic, routine, repetitive and reinforced procedures or services for the child's general welfare that are not planned and performed or supervised by a licensed speech pathologist are not covered.

4. Private nonmedical institutions for rehabilitation

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to children. These services include rehabilitation, therapy and medical services provided to residents by qualified institutions licensed by the State Department of Children and Families (DCF). A written plan of care or initial assessment of the need for services is recommended by a physician or other licensed practitioner of the healing arts. These private, community residential programs provide medical care to residents through contracts or with other arrangements made with medical providers under the auspices of the State Department of Children and Families.

Limitations:

Services and programs which are solely recreational or habilitative in nature are not reimbursable.

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MEDICALLY NEEDY GROUP(S): ALL

18. Any Other Medical Care and Remedial Care Recognized Under
State Law, Specified by the Secretary

- a. ~~Transportation-~~ Ambulance Only
- b. Not Provided.
- c. No Limitations.
- d. No Limitations.
- e. Not Provided.
- f. Not Provided.

19. Case Management
See Supplement 1 To Attachment 3.1-A

20. Extended services for pregnant women.

- a. Pregnancy-related services are those services which are needed because the woman is or was pregnant, either because they are necessary for the health of the pregnant woman or fetus or because the services became necessary as a result of the woman having been pregnant. These services include, but are not limited to, prenatal care, delivery and postpartum services.
- b. Services related to conditions which may complicate pregnancy are services to treat conditions which arise or were present independent of the pregnancy but which have the potential to affect the pregnancy.

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23. For Certified Pediatric or Family Nurse Practitioner Services - See Section 3.1-A (Categorically Needy) to Addendum Page 4a to Attachment 3.1-A (f), Nurse Practitioner Services.

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